

Vision Care



The Vision Care Plan provides coverage for eye examinations, lenses, frames, or contacts for you and your eligible dependents. You are automatically enrolled in the Vision Care Plan when you enroll for CIGNA Option 1 or the CIGNA Indemnity Plan.

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Highlights



The Vision Care Plan...

...Provides Coverage With No Deductible

The plan covers a wide range of vision care services and supplies - with no deductible required.

...Offers Increased Benefits When You See an In-Network Provider

When you see an in-network provider, you receive the highest benefits available under the plan.

...Gives You the Flexibility to Use Any Provider You Wish

Although benefits are higher when you use an in-network provider, you are free to use any provider you wish and still receive benefits under the plan.



What happens to your benefits when...

For more information about what happens to your vision benefits when you have a qualifying life event, see the "About Your Benefits" section.

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How the Vision Care Plan Works

Note: Vision Care Benefits are provided under the CIGNA Plan Option 2 through the Health Plan. See the Summary of Benefits for CIGNA Option 2 within the Medical section.

You are automatically covered under this plan when you enroll in the CIGNA Point-of-Service Plan Option 1 or the CIGNA Indemnity Plan. The vision care plan is administered by Vision Service Plan (VSP) and covers eye exams and either glasses or contact lenses.

When you need vision care, you have a choice - you can go to a VSP in-network provider or any other non-network provider. However, there are some advantages to seeing an in-network provider: plan benefits are higher and the provider will file your claim for you. A list of VSP in-network providers is available on the provider directories link on the World Wide Web at www.vsp.com or by calling Vision Service Plan at 1-800-877-7195. You do not need a referral from your primary care physician to see an optometrist for an eye exam.

Services from an in-network provider:

- Select the provider of your choice from the VSP provider directory and make sure it is time for an appointment. (You can have an eye exam once every 12 months.)
- Receive services and pay the cost for any services that are partially covered or not covered. For example, the plan covers a selection of frames in full. If you select a more expensive pair, you will be responsible for paying the difference.
- You do not need to submit any forms. VSP will pay the in-network provider directly for the covered expenses.

Services From an Out-of-Network Provider

Typically, more than 90 percent of eligible employees and dependents receive care from VSP providers. If you wish to see an out-of-network provider, VSP will reimburse you up to the amount allowed under your plan's out-of-network provider reimbursement rate. Be aware that your out-of-network provider reimbursement rate does not guarantee full payment, and VSP cannot guarantee patient satisfaction when services are received from an out-of-network provider. Pay the entire bill when you see the out-of-network provider and gather the following information:

Example of Vision Care Benefits

Say you have an eye exam and need new single vision lenses for your glasses. Here are the amounts you would pay by using an in-network provider vs. a non-network provider:

For this expense...	If you use an in-network provider, you pay...	If you use a non-network provider, you pay...
An eye exam, costing \$65	\$0	\$40
A pair of lenses, costing \$80	\$0	\$55
You pay...	\$0	\$95
The plan pays...	\$145	\$50
Cost Savings	\$95	

As you can see, by using an in-network provider, you save \$95. But even if you use a non-network provider, you still receive benefits through the vision care plan.

- The provider's bill including the patient's name, the date of service and a detailed list of the services you received
- The covered member's VSP member identification number (usually the Social Security number)
- The covered member's name, telephone number, and address
- The name of the Company that provides your VSP coverage
- Your name, date of birth, telephone number, and address
- Patient's relationship to the covered VSP member (such as "self", "spouse", "child", etc.).

Submit the itemized bill, along with your vision care benefit form, within six months of your visit. Otherwise, you will not receive reimbursement.

Please keep a copy of the information for your records and send the originals to:

Vision Service Plan (VSP)
Attn: Out-of-Network Provider Claims
P.O. Box 997100
Sacramento, CA 95899-7100

Covered Expenses

When You Use an In-Network Provider

When you use an in-network provider, the following standard services and supplies are covered at 100% with no deductible:

- an eye examination, once every 12 months
- one pair of lenses, once every 12 months, including pink tints #1 and #2
- one pair of frames, once every 24 months
- contact lenses after cataract surgery or when traditional lenses cannot correct your better eye to 20/70 vision.

Other benefits include:

- contact lenses for cosmetic purposes, up to \$75 (this benefit includes eye exam and replaces all other vision care benefits for which you would otherwise be eligible during the year)
- partial coverage for coated lenses, designer frames, oversize lenses, and no-line bifocals
- a second set of glasses (frames and lenses) at a 20% discount.

When You Use a Non-Network Provider

Benefits for covered services from a non-network provider include:

- an eye examination once every 12 months, up to \$25
- one pair of frames once every 24 months, up to \$40
- one pair of lenses once every 12 months, according to the following schedule:

Out-of-Network Service	Provider Benefit
Single Vision	up to \$25
Bifocal	up to \$35
Trifocal	up to \$45
Lenticular	up to \$45

- contact lenses after cataract surgery or when traditional lenses cannot correct your better eye to 20/70 vision, up to \$125
- contact lenses for cosmetic purposes, up to \$75 (this benefit includes eye exam and replaces all other vision care benefits for which you would otherwise be eligible during the year).

Coordination of Benefits

The vision care plan does not provide for coordination of benefits.

Exclusions

The vision care plan does not cover eye surgeries or diseases of the eye. However, these expenses are generally covered under the Company medical plan.

Continuation of Coverage

If you choose to continue your medical coverage under COBRA, your vision care coverage also

continues. Refer to COBRA in the "Administrative Information" section for details.

Conversion Privileges

The vision care plan coverage may not be converted to individual coverage.



Administrative Information

Information about the administration of your vision care plan can be found in the section entitled "Administrative Information."

